USAF Public Health

PH Shop Talk

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Population Health

Last month Col Van Hook briefed the Prevention Conference on Population Health. I wanted to share a few bits of information from her presentation that you may or may not have heard or read before. Population Health is to optimize the health of the herd vice the individual and the delivery of the right care at the right time to the right people at the right cost. It has 3 main goals of health enhancement (make them healthier), health protection (keep them from getting sick or hurt) and health care (fix them when they are broke). Population Health is NOT optimizing the individual at the expense of the population, NOT - A shotgun approach to health improvement or doing a little bit of everything for everyone, NOT larger audiences. . .But larger **IMPACT.** NOT just prevention…(But prevention is part of population health). You have to determine the target, plan the intervention strategy, conduct the intervention, and assess the result. We are in an environment of very limited resources... which should drive a focused response. Remember, just because it is a good thing to do does not mean it is the right thing to do (unless your resources are unlimited). When military planners plan a successful campaign...they focus on the following: just hitting any target is NOT good enough...need to hit the most valuable targets such as command and control centers instead of one man with a pistol. We should find the centers of gravity and hit there. One example is to get folks off the couch and not focus all our efforts on making those who exercise more fit. We need to look at our MTF population health efforts and determine if the efforts are targeted or shot gunned, are the resources focused on the individual or the herd, are they focused on larger audiences or larger impact, do we have the flavor of the month mentality, are we focused on the most valuable targets or just the closest ones? PH can help look at the data and assist with helping the PHWG go in the right direction by ensuring evidence based decisions are made. PH should be at the front end of the Population Health process and is a very important part of the team. I tried to take this information from her slides she used while in San Diego. You can contact Col Van Hook if you have specific questions about her presentation. I thought you might enjoy reading about her presentation...it was very well

Anthrax Vaccine-An Update

From the latest Teleconference: To all except folks in SWA: Do not open any vials of anthrax vaccine. USAMMA will be coordinating the shipment of all unopened vials to SWA. There will be a policy letter or message coming out to state that all vaccinations will be given in SWA theater only until further notice. There will not be any more shipments to CONUS bases until a larger supply of vaccine exists (either existing lots awaiting FDA approval or newly produced vaccine from BIOPORT). There is one lot of vaccine going through the testing process from FDA...it might be available by Oct 01. New vaccine from BIOPORT might be available by May 02. The packaging of the new vaccine will help ensure that each vial will yield 10 full doses. Please remember right now the policy is that only folks going to SWA for 30 consecutive days on the ground will be vaccinated for anthrax and the vaccination will now be given to those in theater...because there will not be any vaccine available in CONUS. Please ensure you read and keep abreast of the official policy from DoD and AFMOA...and to not rely solely on unofficial sources for operating your programs. Only official sources can dictate policy!

PUBLICATIONS CORNER

AFI 48-105 (Surveillance, Prevention, and Control of Diseases and Conditions of Public Health or Military Significance) is currently being reviewed and coordinated on and will be sent to the publisher soon.

AFI 48-116 Food Safety Program, is being reviewed by a Sub-Committee of the Public Health Corporate Board for possible revision. It will be revised soon.

AFI 41-106, Medical Readiness Planning and Training...is being revised by USAF/SGX

Inside this issue:

Readiness Around the Globe

DATELINE KEESLER: From SMSgt Mitch Potter: Many of us from the old school fondly (or not so fondly) remember the days of candling eggs, weighing milk, and conducting Hobart fat tests as part of food inspection duties. Today, few of us believe those types of duties or staffing a food inspection office to be necessary to ensure a safe food supply. Still, food safety at deployed sites can be a bigger part of PH daily routine then you might expect at CONUS and most OCONUS locations. Here is an example where that is true. While deployed to Eskan Village, Saudia Arabia last fall, I found the task of ensuring food originated from an "approved source" to be the most challenging work. In Saudi Arabia, the government funds the dining hall operation through an "assistance in-kind" agreement, which in the simplest of terms means they provide and pay for the food we eat. Part of this includes procuring food supplies from local sources. The only US official involved was a US Army liaison officer, not the local contracting office. While I'm sure his intentions were good, he was clueless as to what an approved source was. The primary food distributor was, in fact, listed as approved source but most of his products originated from sources that could not be identified. The mistake seemed to be an incorrect assumption that since the distributor was approved anything they delivered was approved. So what did we find; you name it. Foods with no other markings other than the trading company that imported it. How about beef imported from Europe, processed as bulk ground beef and packaged by a Saudi company that was listed as approved source for dairy products. Beyond the Mad Cow issue the source wasn't approved for the type of food they were supplying. The breakdown and solution was one of education, communication and vigilance on the part of Public Health. There was evidence that the contractor knew what was required but somewhere along the way they had strayed away from the requirements and nobody was holding them to it. Surely as force protection is an ever-increasing issue, our role in food inspection has merit when focused on the health aspects of disease prevention. Do not let anyone convince you that your contribution to protecting the troops is a small one. You can make a difference everyday and you should be proud of it.

SMSgt Potter...thanks for sharing your story and experiences with us!

Food Safety and Sanitation News

At the last Corporate Board meeting in April the Food Safety IPT briefed the progress of how we are planning to perform food safety and sanitation in the future. The entire board agreed with the content of the briefing and the content of the proposed Memorandum of Understanding to be written with the Defense Commissary Agency (DeCA). Once it is written as policy, I will share it fully in my newsletter here. Basically, it follows what I have been advocating all along. We are still going to perform food safety...and we will ensure a food quality program exists. We must ensure our skills remain razor sharp in protecting the health of our forces through a safe food supply. The story above from SMSgt Mitch Potter emphasizes the importance of our job in food safety. There are other stories like his out there. Almost everyone I have talked to who has deployed for any length of time state that food safety is the primary concern and highest priority job they perform while deployed. We intend to increase our training opportunities with the Army Veterinary Services, USDA, FDA, and USDC. This will enhance our capabilities and our skills to ensure a safe food supply every where we go. Do you know what normal produce looks like? Can you identify all the types of fruits in your local grocery store? How can you determine if the food is safe if you cannot identify what is normal for that product? Have you ever been in a food processing plant? Do you know what is a good process or a bad process? These are some things that we need to know to be able to perform our job competently! Some food for thought!

The Occupational World

The Occupational Health IPT briefed the Corporate Board in April as well and there will be two programs that look as if they will be more easily transitioned away from Public Health…. and soon! The streamlining of Fetal Protection (Pregnancy Profiles) and Hearing Conservation Programs were discussed at length and all members felt that these programs could easily be changed to reduce the PH involvement to mainly epidemiology. The details are being worked out and a policy guidance will be sent out as soon as it is coordinated and staffed through AFMOA. It was great that all parties (BEE and FSO/PCM representatives) all agreed on the process improvements discussed at the IPT. This is exciting! We are making headway...relief should be coming soon to our people. We understand your frustration with being in the middle of a process where we do not really bring anything beneficial to the process. However, DO NOT make changes to your program until the policy comes down officially! Do not lean to far forward in changing your program. We Do NOT want to DUMP programs on anyone else...we want to transition the right tasks to the right people at the right time...this is sometimes a slow process...but these two programs should yield success real soon. Issues within other programs in Occupational health may take more time to resolve. Stay tuned...more to come on this topic!

Epidemiological Surveillance

Progress is being made within this area. Many PH people (both officers and enlisted) are attending the Population Health Epidemiology Course at Brooks AFB. A policy letter was distributed from AFMOA concerning support for PH during PCO Staff Assistance Visits performed by both the Population Health Support Division (from Brooks) or the MAJCOM. From my perspective and the visits I have conducted...PH is now a member of the Population Health Working Group meeting and the PH folks have been reviewing the data disk from PHSD each quarter. Some offices have actually helped develop some interesting intervention strategies for their facility. Others are just getting started with the data review. All PH offices should have built effective working relationships with the Health Care Integrators and Group Practice Managers at their facilities. PH folks have been finding out that some of the data from PHSD has inaccurate data in the reports. One critical process that should be looked at within each facility is the data quality (input process). PH does not have to ensure data quality...but we should be involved with the group that is reviewing this process... without accurate data...only inaccurate decisions can be made. Once the data is accurate...then good, effective, targeted decisions can be made. There are still some very difficult questions that have to be addressed within each facility...these include but are not limited to: 1) Who is responsible for data entry? 2) Who is responsible for AD HOC reports/queries? 3) Is a data analyst needed at this location or can PH perform this mission? 4) What are the defined roles of the PH office, GPM, and HCI. Many of these answers will have to be specific to the base MTF... as there are different talents at each facility in many different areas. For instance: 1) each facility determines who enters data 2) Each MTF determines who runs AD HOC reports 3) Depends upon the talents in PH and the amount of workload at the base as well as the money available locally to hire an analyst 4) the local PHWG determines the roles based on who is there. Your PHWG should be able to come up with the answers for your facility. Remember to consult your MAJCOM as appropriate.

Web Site of the Month—http://http://www.immunize.org/

Since immunizations are an effective and cheap (in most cases) method of prevention and a good way to leverage our resources to gain the greatest good for our populations, I thought this web site might be of interest for some of you. I know that we are moving away from the day to day management of immunizations function...but we are and still should be involved with the policy of how we prevent disease. You must still be aware of what immunizations are out there and what is happening in the world of immunizations. This is a great web site that was established to increase immunization rates and prevent disease...to promote physician, health care professionals, community, and family awareness and responsibility for appropriate immunizations of all people of all ages against all vaccine-preventable diseases. It has an extensive advisory board and shares news from multiple sources like ACIP, CDC, and the Hepatitis B Coalition. They put out several newsletters or periodicals sharing important information. Please visit this site and share the information with others in your facility especially your immunizations personnel.

This web site is an informational site for your immunizations program. It has the most current immunization resources for the civilian community.

USAFSAM Review—From the Crème of the Crop

DATELINE USAFSAM: Major Alice Chapman and Capt Juan Ubiera have developed new population based health concepts (epidemiology and communicable disease control) curriculum for the newly revamped PH journeyman course. The Population Health Epidemiology Course is progressing very well...with PH enlisted members attending the course along with PH Officers, Nurse Health Care Integrators and Group Practice Managers. This course has been very successful and useful to those who have attended. Major Jay Fuller has been working towards fully integrating food and water vulnerability assessments into the USAFSAM curriculum in the appropriate courses. He has worked with AFMOA and other members of our PH Corporate structure to ensure the appropriateness of our procedures in food and water vulnerability assessments. Major Meg Haynes participated in a very successful round table mentoring session with the advanced PHO students. The Apprentice students enjoyed Major Haynes as an instructor that they asked her to be the graduating keynote speaker! Stay tuned...many news worthy events coming in the months ahead!

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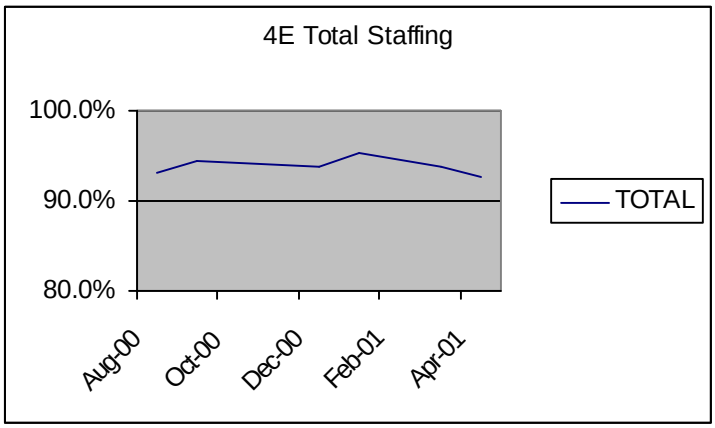
World-wide Teleconference (two sessions) with CMSgt Strout is scheduled for 12 July 2001 at 0800 and 1500 hours Central Time (0900 and 1600 hours Eastern Time and 0600 and 1300 hours Pacific Time) at DSN 576-0511.

A Public Health Family Publication

We are on the web...
http://wwwsam.brooks.af.mil/eh/.



As you can see we are at 92.6% staffing overall as of April 01 for 4E0X1 enlisted personnel. A breakdown for skill levels is: 3-level 86.4%; 5 level 96.8%; 7 level 96.6% and 9 level (including CEM) is 50%. By rank (SrA-CMSgt): SrA: 73.6%; SSgt: 127.2%; TSgt: 108%; MSgt: 80.3%; SMSgt: 45% and CMSgt: 66.7%. Promotion rates should be up from last year as well...the rumor is that SSgt will approach 60% and TSgt should approach 30% and MSgt a slight increase from last year (no specific rumor yet). Nothing official out yet from AFPC.

THE TEN COMMANDMENTS TO BEING A GOOD SUBORDINATE

This month CMSgt Rich Hollins shares his thoughts with us.

As I look back over my 23 years of being a Public Health professional, two things stick out as instrumental in my success. Having a string of great supervisors is one and having the good sense to be the best subordinate I could be is the other. Let me concentrate on being a good subordinate, because the majority of us are subordinate to someone. Over 20 years ago, a wise and worldly CMSgt said, " There is a Ten Commandments of being a good subordinate." He also told me that if I wanted to get the most out of my Air Force experience, I needed to memorize each commandment and follow them to the letter. The list went like this:

1. Plain English is spoken throughout the Air Force. Try it, you'll like it.
2. Keep it short. Einstein gave us relativity in one question. If it were three pages plus tabs, he would have lost the Nobel Prize.
3. Be honest. Bluffing isn't beautiful. If you don't know, say so (but find out as soon as possible).
4. Be receptive. If someone has a better idea, bend your thinking.
5. Sell your idea by knowing it inside out. Be able to explain high points in three minutes.
6. Be persistent. Keep pushing your idea if it's a good idea, or until your boss says it's time to march, then back off.
7. Hustle. When you're second on the street, it's usually too late to show that you have a better idea.
8. Be accurate. Don't rely on someone else to get the facts for you. Beware of the so-called experts with 25 years of experience and ten minutes of knowledge.
9. Protect your boss. Never, never go around your boss (exceptions: because your boss is unavailable or there are time constraints; first and foremost, use good judgment in taking the initiative, and **always**, **always** back brief). Your boss needs to be fully informed at all times.
10. Keep it simple.

Since my initial introduction to these commandments, I've seen them printed in many publications. I've tried my best to live by them each day and in turn they've worked well for me. With new horizons being charted for the Public Health career field, it may be important to keep these fundamental commandments in mind. Maybe they'll work as well for you as they have for me. **Thanks for sharing your writing talents with us Chief Hollins!**